

The Pier Head Preparatory Montessori School

3 Shadwell Pier Head, Glamis Road, Wapping, London, E1W 3TD
TEL: 0207 481 0202 EMAIL: thepierheadprep@yahoo.co.uk



Registration Form

Please complete the form and return it to us as soon as possible, either by hand or in the post.

Name of Child

Address

Date of Birth

Preferred start date

First and additional languages spoken by the child

Previous Setting of your child

Mothers Name

Address (if different from above)

Home phone number Work phone number

Mobile Email address

Occupation

Father's Name

Address (if different from above)

Home phone number..... Work number.....

Mobile..... Email address

Occupation.....

Please provide details of a family member or friend who can be contacted in an emergency if parents cannot be contacted.

Name Number

Relationship to Child

Siblings Names and Ages

.....
.....

Present School or Setting

.....
.....

Name and Address of Child's Doctor

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.....

Food Allergies.....

Other Allergies (medicines, animals etc)

.....

Prohibited Food

Are there any medical conditions which we should be aware of (e.g epilepsy, asthma etc)

.....
.....

Any additional information you would like to include? Details

Please choose an attendance session

	Term Time	All Year
Core hours 9:00am – 3:30pm	Compulsory hours for Primary school children	
All Day 8am-6pm Extended Hours		
Morning 9:00am – 12:30pm		
Morning 8:30am – 1:00pm		
Afternoon 1:00pm – 3:30pm		
Afternoon Extended hours		

I enclose payment of the registration fee of £50.00. I understand that the fee is to cover initial admin costs and is non-refundable in any circumstances. I also understand that payment and acceptance of registration fee does not guarantee a place for my child at The Pier Head Preparatory School.

Signature Print Name

Date